

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Kenji Yamazaki et al.

Serial No: 09/995,246

Confirmation No.: 1370

Filed: November 26, 2001

For: TUBE UNIT AND A BLOOD PUMP SYSTEM

Art Unit: 3762

Examiner: Kumar, Aradhana

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to:  
 Mail Stop Amendment  
 Commissioner for Patents  
 P.O. Box 1450  
 Alexandria, VA 22313-1450, on  
 October 5, 2004

Date of Deposit

Joyce Hegeman

Name

October 5, 2004

Signature

Date

Mail Stop Amendment

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Dear Sir:

Transmitted in the above-identified application are the following items.

- ☒ Response to Notice of Non-Compliant Amendment.  
☒ Return Postcard

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE		ADD'L FEE DUE
TOTAL CLAIMS FEE	20	-	20**	0	LG=\$18 SM=\$9	\$	\$ 0
INDEPENDENT CLAIMS FEE	4	-	3***	1	LG=\$88 SM=\$43	\$88	\$ 88
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS					LARGE ENTITY FEE = \$290 SMALL ENTITY FEE = \$145		\$
TOTAL							\$ 88

\* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

- ☐ A check in the amount of \$\_\_\_ to cover the additional claims fee is enclosed. **A copy of this sheet is enclosed.**
- ☐ A check in the amount of \$\_\_\_ to cover the extension fee is enclosed. **A copy of this sheet is enclosed.**
- ☒ The Commissioner is hereby authorized to charge \$88.00 to cover fee for 1 independent claim and any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1314. **A copy of this sheet is enclosed.**
- ☒ Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims
- ☒ Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,  
 HOGAN & HARTSON L.L.P.

By: \_\_\_\_\_

Troy M. Schmelzer  
 Registration No. 36,667  
 Attorney for Applicant(s)

Date: October 5, 2004

Biltmore Tower  
 500 South Grand Avenue, Suite 1900  
 Los Angeles, California  
 90071  
 Telephone: 213 337-6700  
 Facsimile: 213 337-6701

Appl. No. 09/995,246  
Response dated October 5, 2004  
Reply to Notice of September 16, 2004

Attorney Docket No. 83378.0001  
Customer No.: 26021

3762  
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**RESPONSE TO NOTICE OF NON-  
COMPLIANT AMENDMENT**

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10/5/04

Date

Sir:

In response to the Notice of Non-Compliant Amendment dated September 16, 2004, enclosed is a corrected "Amendments to the Claims" section:

**Amendments to the Claims** are reflected in the listing of claims which begins on page 2 of this paper.

**Remarks/Arguments** begin on page 6 of this paper.

10/14/2004 MWOLDGE1 00000040 501314 09995246

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